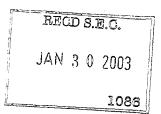
# FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549



# FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

| .– | i |   | Û | , |   | _ |
|----|---|---|---|---|---|---|
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OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response.....16.00

| SEC USE ONLY |         |     |  |  |  |  |
|--------------|---------|-----|--|--|--|--|
| Prefix       | Serial  |     |  |  |  |  |
|              |         |     |  |  |  |  |
| DAT          | E RECEI | VED |  |  |  |  |
|              |         | [   |  |  |  |  |

| Name of Offering ( che                  | eck if this is an amendment and name   | has changed, and indica | ate change.)          |  |                 |
|---|--|-------------------------|-----------------------|--|-----------------|
|   | erests in Baupost Limited Partners     |                         |                       |  |                 |
| Filing Under (Check box(                | (es) that apply):  Rule 504  Rule      | e 505 🛛 Rule 506 🔲      | Section 4(6) ULC      | DE COMPANY DE LA |                 |
| Type of Filing: New F                   |  |                         |                       |  |                 |
|   | -                                      | A. BASIC IDENTIFI       | ICATION DATA          |  |                 |
| 1. Enter the information i              | requested about the issuer             |                         |                       | [88] [18] [80] [8]   |                 |
| Name of Issuer ( check                  | if this is an amendment and name ha    | s changed, and indicate | change.)              | 030  | 005728 ——       |
| Baupost Limited Partne                  | ership 1983 A-1                        |                         |                       |  |                 |
| Address of Executive Off                | ices (Number and Street, City, Sta     | ite, Zip Code)          |                       | one Number (including A  | area Code)      |
|   | L.L.C., 10 St. James Avenue, Suite     | 2000                    | 617-21                | 0-8300   |                 |
| Boston, MA 02116                        |  |                         |                       |  |                 |
| -                                       | iness Operations (Number and Street,   | City, State, Zip Code)  | Teleph                | one Number (including A  | area Code)      |
| (if different from Executive            |  |                         |                       |  |                 |
| Brief Description of Busin              |  |                         |                       |  |                 |
| Private Investment Fund                 | d                                      |                         |                       |  |                 |
| Turn of Dusings Organis                 | notice.                                |                         |                       |  |                 |
| Type of Business Organiz  ☐ corporation | zation  ⊠limited partnership, alread   | y formad                |                       |  |                 |
| <u> — согрогаціон</u>                   | Mininea partifersing, affead           | y formed                | other (please s       | necify).   | PROCESSED       |
| ☐ business trust                        | ☐limited partnership, to be f          | ormed                   | □ oner (prease 3      |  | FILOCESSED      |
|   |  | Month Year              |                       |  | 1 1411 0 0 0000 |
| Actual or Estimated Date                | of Incorporation or Organization:      | 0 1 8 3                 |                       | ☐ Estimated  | / JAN 3 0 2003  |
| Jurisdiction of Incorporat              | ion or Organization: (Enter two-letter | U.S. Postal Service ab  | breviation for State: |  | THOMOGN         |
|   | CN for                                 | Canada; FN for other f  | oreign jurisdiction)  | D E  | THOMSON         |
|   |  |                         | <del> </del>          |  | FINANCIAI       |

### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

#### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: X Each promoter of the issuer, if the issuer has been organized within the past five years; Χ Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Х Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) The Baupost Group, L.L.C. Business or Residence Address (Number and Street, City, State, Zip Code) 10 St. James Avenue, Suite 2000, Boston, MA 02116 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director □ General and/or Managing Partner Full Name (Last name first, if individual) Baupost Partners, L.L.C. Business or Residence Address (Number and Street, City, State, Zip Code) 10 St. James Avenue, Suite 2000, Boston, MA 02116 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Check Box(es) that Apply: Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Director Check Box(es) that Apply: □Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ General and/or Managing Partner Full Name (Last name first, if individual)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

☐ Beneficial Owner

Beneficial Owner

Business or Residence Address (Number and Street, City, State, Zip Code)

Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:

Check Box(es) that Apply:

Full Name (Last name first, if individual)

Full Name (Last name first, if individual)

☐ Executive Officer

Executive Officer

☐ Director

Director

☐ General and/or Managing Partner

☐ General and/or Managing Partner

|                   |   |                              |                              |                              |                              | B. INFOI                     | RMATIO                       | N ABOU'                      | r offer                      | ING                                     |                              |                              |                              |  |             |
|-------------------|---|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|---|------------------------------|------------------------------|------------------------------|--|-------------|
| 1. I              |   |                              |                              |                              |                              |                              | Yes                          | No<br>⊠                      |                              |   |                              |                              |                              |  |             |
|                   |   |                              |                              |                              | A                            | ınswer also                  | in Append                    | ix, Column                   | 2, if filing                 | under ULO                               | Ė.                           |                              |                              |  |             |
| 2. V              | Answer also in Appendix, Column 2, if filing under ULOE.  What is the minimum investment that will be accepted from any individual?   |                              |                              |                              |                              |                              |                              |                              | \$N/A                        |   |                              |                              |                              |  |             |
|                   |   |                              |                              |                              |                              |                              |                              |                              | Yes                          | No                                      |                              |                              |                              |  |             |
| J. L              | Does the othering permit joint ownership of a single thirt?   |                              |                              |                              |                              |                              |                              |                              | ×                            |   |                              |                              |                              |  |             |
| r<br>p<br>f<br>c  | 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. |                              |                              |                              |                              |                              |                              |                              |                              | _                                       |                              |                              |                              |  |             |
| Full Nai<br>N/A   | me (La:   | st name fi                   | rst, if indivi               | dual)                        |                              |                              |                              |                              |                              |   |                              |                              |                              |  |             |
|                   |   |                              |                              |                              |                              |                              |                              |                              |                              |   |                              |                              |                              |  |             |
| Busines           | s or Re   | sidence A                    | ddress (Nu                   | mber and S                   | treet, City,                 | State, Zip C                 | Code)                        |                              |                              |   |                              |                              |                              |  |             |
| Name o            | f Assoc   | iated Bro                    | ker or Deal                  | ег                           |                              |                              |                              |                              |                              |   |                              | _                            |                              |  |             |
| States in         | n Which   | n Person L                   | isted Has S                  | Solicited or                 | Intends to S                 | Solicit Purc                 | hasers                       | ···                          |                              |   |                              |                              |                              |  |             |
| (C                | heck "  | All States"                  | or check in                  | ndividual S                  | tates)                       | ••••••                       |                              | ••••••                       |                              | *************************************** |                              | All States                   |                              |  |             |
| [II]<br>[N        | 1T]   | [AK]<br>[IN]<br>[NE]         | [AZ]<br>[IA]<br>[NV]         | [AR]<br>[KS]<br>[NH]         | [CA]<br>[KY]<br>[NJ]         | [CO]<br>[LA]<br>[NM]         | [CT]<br>[ME]<br>[NY]<br>[VT] | [DE]<br>[MD]<br>[NC]         | [DC]<br>[MA]<br>[ND]         | [FL]<br>[MI]<br>[OH]                    | [GA]<br>[MN]<br>[OK]         | [HI]<br>[MS]<br>[OR]         | [ID]<br>[MO]<br>[PA]         |  |             |
| [R<br>Full Nar    |   | [SC]<br>st name fin          | [SD]<br>rst, if indivi       | [TN]<br>dual)                | [TX]                         | [UT]                         | [V1]                         | [VA]                         | [WA]                         | [WV]_                                   | [WI]                         | [WY]_                        | [PR]                         |  |             |
| Busines           | s or Re   | sidence A                    | ddress (Nu                   | mber and S                   | treet, City,                 | State, Zip C                 | Code)                        |                              |                              |   | <del></del>                  |                              |                              |  |             |
| Name o            | f Assoc   | iated Bro                    | ker or Deal                  | er                           |                              |                              |                              |                              | <u> </u>                     |   |                              |                              |                              |  |             |
| States in         | a Whiel   | Person I                     | icted Hac S                  | Colicited or                 | Intends to S                 | Solicit Purc                 | hacerc                       |                              |                              |   |                              |                              |                              |  |             |
|                   |   |                              |                              |                              |                              |                              |                              |                              |                              |   | _                            | L All States                 |                              |  |             |
| •                 |   |                              |                              | ·                            |                              |                              |                              |                              |                              |   |                              | All States                   |                              |  |             |
| [1]               | 4T]   | [AK]<br>[IN]<br>[NE]<br>[SC] | [AZ]<br>[IA]<br>[NV]<br>[SD] | [AR]<br>[KS]<br>[NH]<br>[TN] | [CA]<br>[KY]<br>[NJ]<br>[TX] | [CO]<br>[LA]<br>[NM]<br>[UT] | [CT]<br>[ME]<br>[NY]<br>[VT] | [DE]<br>[MD]<br>[NC]<br>[VA] | [DC]<br>[MA]<br>[ND]<br>[WA] | [FL]<br>[MI]<br>[OH]<br>[WV]            | [GA]<br>[MN]<br>[OK]<br>[WI] | [HI]<br>[MS]<br>[OR]<br>[WY] | [ID]<br>[MO]<br>[PA]<br>[PR] |  |             |
|                   |   |                              | rst, if indivi               | 4 4                          | [174]                        |                              |                              | [ 7 2 1]                     | [ 1171]                      | (** *)                                  | [ ** 2]                      |                              | [110]                        |  |             |
| Busines           | s or Re   | sidence A                    | ddress (Nu                   | mber and S                   | treet, City,                 | State, Zip C                 | Code)                        |                              |                              |   |                              |                              |                              |  | <del></del> |
| Name o            | f Assoc   | iated Bro                    | ker or Deal                  | er er                        |                              |                              |                              |                              |                              |   |                              |                              |                              |  |             |
| States in         | n Whic  | h Person I                   | isted Has S                  | Solicited or                 | Intends to                   | Solicit Purc                 | hasers                       | ····                         |                              |   |                              |                              |                              |  |             |
|                   |   |                              |                              |                              |                              |                              |                              |                              |                              |   |                              | All States                   |                              |  |             |
| [A]<br>[I]<br>[N] | AL]<br>L]<br>AT]  | [AK]<br>[IN]<br>[NE]<br>[SC] | [AZ]<br>[IA]<br>[NV]<br>[SD] | [AR]<br>[KS]<br>[NH]<br>[TN] | [CA]<br>[KY]<br>[NJ]<br>[TX] | [CO]<br>[LA]<br>[NM]<br>[UT] | [CT]<br>[ME]<br>[NY]<br>[VT] | (DE)<br>[MD]<br>[NC]<br>[VA] | [DC]<br>[MA]<br>[ND]<br>[WA] | [FL]<br>[MI]<br>[OH]<br>[WVI            | [GA]<br>[MN]<br>[OK]<br>[WI] | [HI]<br>[MS]<br>[OR]<br>[WY] | [ID]<br>[MO]<br>[PA]<br>[PR] |  |             |

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|    | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF   | PROCEEDS                              |  |
|----|---|---------------------------------------|--|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.   |                                       |  |
|    | Type of Security  | Aggregate Offering<br>Price           | Amount Already<br>Sold                     |
|    | Debt  | \$0                                   | \$0  |
|    | Equity  | \$0                                   | \$0  |
|    | ☐ Common ☐ Preferred  |                                       | <u></u>                                    |
|    | Convertible Securities (including warrants)   | \$0                                   | \$0  |
|    | Partnership Interests   | \$450,000                             | \$450,000                                  |
|    | Other (Specify)   | \$0                                   | \$0  |
|    | Total   | \$450,000                             | \$450,000                                  |
|    | Answer also in Appendix, Column 3, if filing under ULOE.  |                                       |  |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            | Number Investors                      | Aggregate<br>Dollar Amount of<br>Purchases |
|    | Accredited Investors.   | 2                                     | \$450,000                                  |
|    | Non-accredited Investors  |                                       | \$0  |
|    | Total (for filings under Rule 504 only)   | · · · · · · · · · · · · · · · · · · · | S  |
|    | Answer also in Appendix, Column 4, if filing under ULOE.  |                                       | 1 3  |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  |                                       |  |
|    | Type of offering  | Type of Security                      | Dollar Amount<br>Sold                      |
|    | Rule 505  |                                       | \$   |
|    | Regulation A  |                                       | \$   |
|    | Rule 504  |                                       | \$   |
|    | Total   |                                       | \$   |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                                       |  |
|    | Transfer Agent's Fees   |                                       | s  |
|    | Printing and Engraving Costs  |                                       | S  |
|    | Legal Fees  |                                       | \$ 2,200                                   |
|    | Accounting Fees   |                                       | S  |
|    | Engineering Fees  |                                       | S  |
|    | Sales Commissions (specify finders' fees separately)  |                                       | S  |
|    | Other Expenses (identify)   |                                       | S  |
|    | Total   | $\boxtimes$                           | \$ 2,200                                   |
|    |   |                                       | I  |

|      | C. OFFERING PRI  | CE, NUMBER OF INVESTORS, EXPENSES AND US  | E OF PROCEEDS                                       |                       |
|------|--|---|---|-----------------------|
| 4.   | b. Enter the difference between the aggregate off expenses furnished in response to Part C - Question issuer."             | ering price given in response to Part C - Question 1 and tota<br>on 4.a. This difference is the "adjusted gross proceeds to the   | al<br>e   | 5 447 800             |
|      |  |   | _   | \$ 447,800            |
| 5.   | the purposes shown. If the amount for any purpo  | proceeds to the issuer used or proposed to be used for each of se is not known, furnish an estimate and check the box to the ted must equal the adjusted gross proceeds to the issuer set |   |                       |
|      |  |   | Payments to<br>Officers, Directors,<br>& Affiliates | Payments To<br>Others |
|      | Salaries and fees  |   | <b>S</b>  | □ s                   |
|      | Purchase of real estate  |   | <b>S</b>  | □s                    |
|      | Purchase, rental or leasing and installation of mac  | chinery and equipment   | S   | □s                    |
|      | Construction or leasing of plant buildings and fac   | ilities   | S   | □s                    |
|      | Acquisition of other businesses (including the val offering that may be used in exchange for the assepursuant to a merger) | ue of securities involved in this ets or securities of another issuer   | s   | □s                    |
|      | Repayment of indebtedness  |   | s   | □s                    |
|      | Working capital  |   | S   | □s                    |
|      | Other (specify): Investments   | □s  | ⊠ \$ 447,800  |                       |
|      | Column Totals  |   | s   | ⊠ \$ 447,800          |
|      | Total Payments Listed (column totals added)  | × \$ 447,   | ⊠ \$ 447,800  |                       |
|      |  | D. FEDERAL SIGNATURE  |   |                       |
| an u |  | ne undersigned duly authorized person. If this notice is filed rities and Exchange Commission, upon written request of it.  |   |                       |
| Iss  | uer (Print or Type)  | Signature / 1   | Date  |                       |
|      | upost Limited Partnership 1983 A-1   | Title of Signer (Print or Type)   | January 23,2003                                     |                       |
|      | me of Signer (Print or Type)<br>ul C. Gannon   |   |   |                       |

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION